



**THE HEALTHY
COMMUNITIES**
FOUNDATION
AUSTRALIA



Person-Centred Health Workforce Planning

**National Health
Workforce Summit
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Person-Centred Health Workforce Planning



Mark Burdack
Chief Executive Officer, The Healthy Communities Foundation
Australia Ltd



Adjunct Senior Lecturer, School of Rural Health, La Trobe University



Associate Investigator, Centre for Research Excellence for
Strengthening Health Systems in Remote Australia, Menzies School of
Health Research

Acknowledgement of Country

We live and work on the lands of the First Australians. We pay our respects to Elders past, present and emerging.

Gamilaraay

Dhayn ngiyani winangaylanha NSWga ganunga-waanda yanaylanha, dhaymaarr ganugu-waanda nhama ngarrangarranmaldanhi

Wiradjuri

Ngiyani Yindyamali Aboriginal Mayiny Murrubandhda Mayinny galangga NSW Ngangaagi

Dharawal

Nijunaliin ngaralanga dharawalwulawala nguradhanhay ngaliya

Dhurga

Ngayaga bundj nguumbun muladha gumara muruul yuwinj wanggan njin dhugandha

Gumbaynggirr

Ngiyaala junga-ngarraanga Girrwaanbi-biin gungnagulam wajaarrgundi gilinggal-wanggaan-wiil

English

We respect Aboriginal peoples as the First Peoples and custodians of NSW.





**THE HEALTHY
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Our Vision

Health and wellbeing for every person regardless of where they live.

Our Mission

Our mission is to transform the way health care and community services are delivered in partnership with communities.

What does this mean?



Children have the best possible start in life.



Young people get the knowledge and skills they need to realise their potential and live a healthy and authentic life.



Communities are safe and inclusive places to live and work, and provide the social and economic opportunities people need to live well and raise the next generation.



People can easily access help and care that reflects their needs locally when they need it.



People with special needs can participate in the social and economic life of the community to achieve their full potential.



OUR PROGRAMS



HEALTH ACCESS >

Improving health access & outcomes with technology



COMMUNITY HUB >

Community leadership & development of health in Colly



RICH >

Delivering multidisciplinary team care solutions



RARMS >

Supporting communities to run their own health services



SUICIDE PREVENTION >

Decreasing suicide rates in high needs areas



FASD NSW >

Early intervention to improve life outcomes in kids

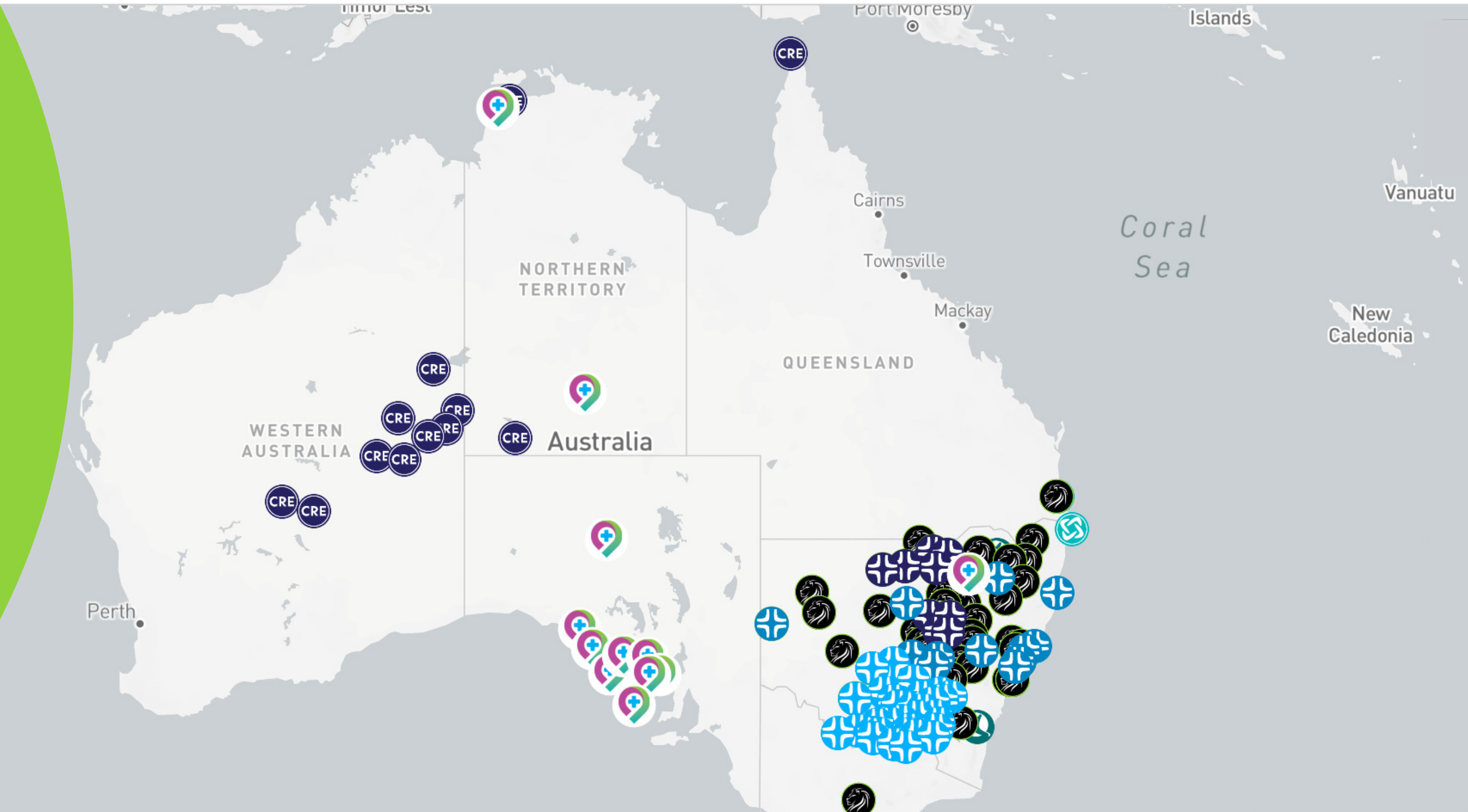


CRESTA >

Strengthening remote health care

OUR REACH

The Healthy Communities Foundation is helping transform health care and commur services in partnership with communities across Australia.





What is health?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

World Health Organization Constitution



What do people want from their health system?

Existing research on the patient experience has focused on patients in the hospital and other medical settings.

Wen et al (June 2015) 'What Do People Want from Their Health Care? A Qualitative Study' Journal for Participatory Medicine, <https://participatorymedicine.org/journal/evidence/research/2015/06/25/what-do-people-want-from-their-health-care-a-qualitative-study/>

Patient Surveys tell us about the institutional experiences of people who are ill or injured, but little about the expectations of communities about the health system and how they think it should be organised, staffed and function to support their health and well-being.



Is health actually important to us?

An Australian study found that two-thirds of Australian household grocery shoppers were willing to pay more for a product with the Health Star Rating.

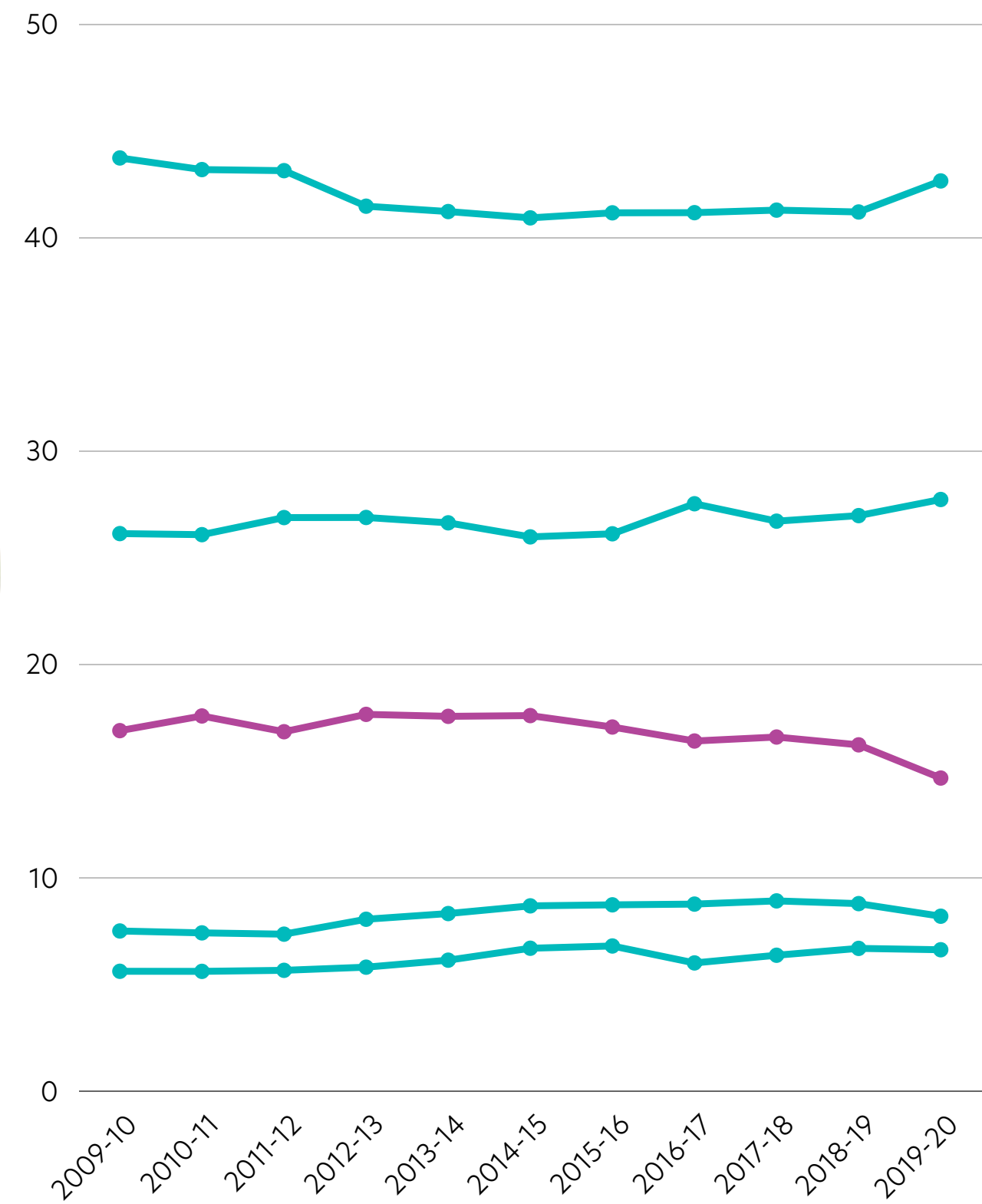
Cooper et al (2020) 'Australian Consumers Are Willing to Pay for the Health Star Rating Front-of-Pack Nutrition Label' *Nutrients* at [10.3390/nu12123876](https://doi.org/10.3390/nu12123876)

A 2011 study in the United States found that the perceived healthiness of foods was an important factor in product choice and marketing products as "nutritional" or that they will "reduce heart disease/cancer risk" was highly effective.

Darien et al (Sept 2011) 'Perceived health benefits and food purchasing decisions' *Journal of Consumer Marketing*



Proportion of total health spending by source of funds, 2009-10 to 2019-20 (AIHW)



- According to the Global Wellness Institute Australians spent \$131 billion on wellness services and products in 2020. This included on gyms, health foods, natural therapies, technology, wearables and other products and services.
- By comparison, Australia spent a total of \$202.5 billion on health in 2019-20.

• <https://globalwellnessinstitute.org/industry-research/2022-global-wellness-economy-country-rankings/>



Australian Electoral Study: Top Non-Economic Election Issue

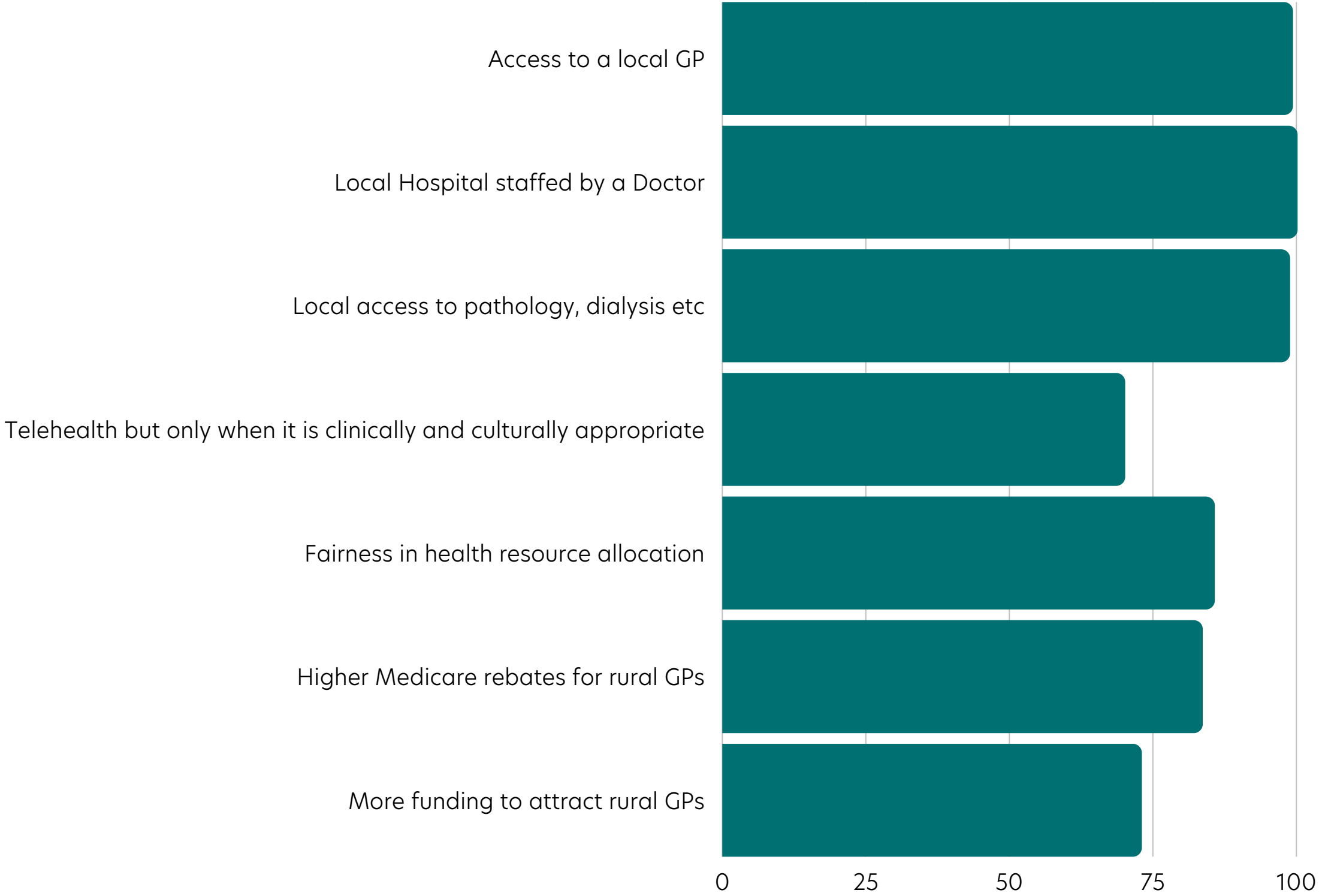


<https://australianelectionstudy.org/wp-content/uploads/Trends-in-Australian-Political-Opinion-1987-2019.pdf>

Health has been consistently ranked as the top non-economic election issue in every election except 1990.



What do rural and remote people want from their health system?



Rural and Remote Communities Healthcare Survey 2020 at https://www.ruralandremotehealth.org.au/_files/ugd/7407db_f8d60e3568b1442393bd7bde715a8868.pdf



Is patient-centred care sufficient to judge the performance of our health system?

Patient-centred care is about treating a person receiving healthcare with dignity and respect and involving them in all decisions about their health. This type of care is also called 'person-centred care'.

VICTORIAN GOVERNMENT

The framework has been built around:

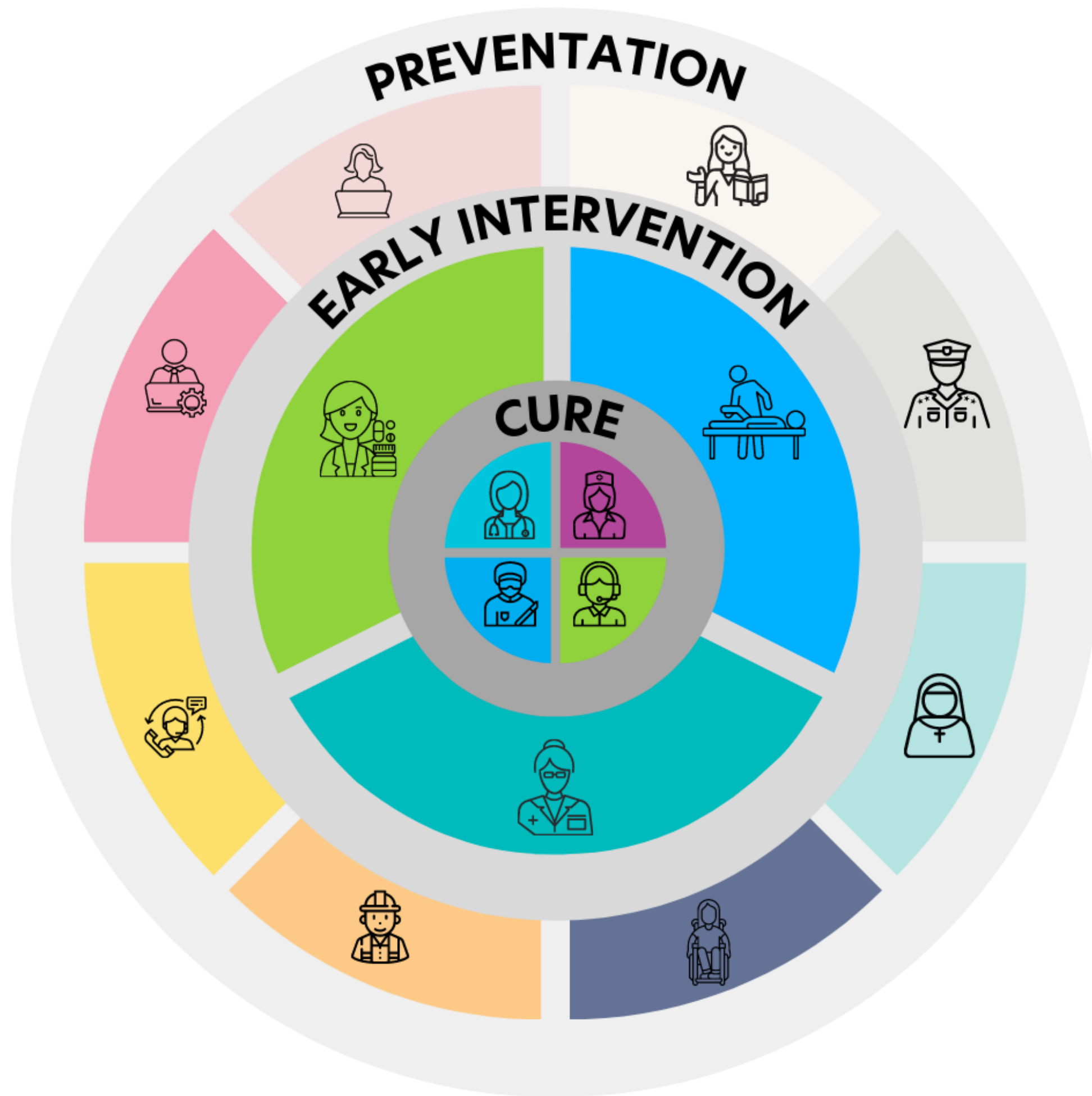
- the institutional health care setting (hospital, clinic)
- a disease, illness or injury
- the experiences of a part of the general population that is actively receiving medical treatment at a particular point in time.



How might we define Person-Centred Health?

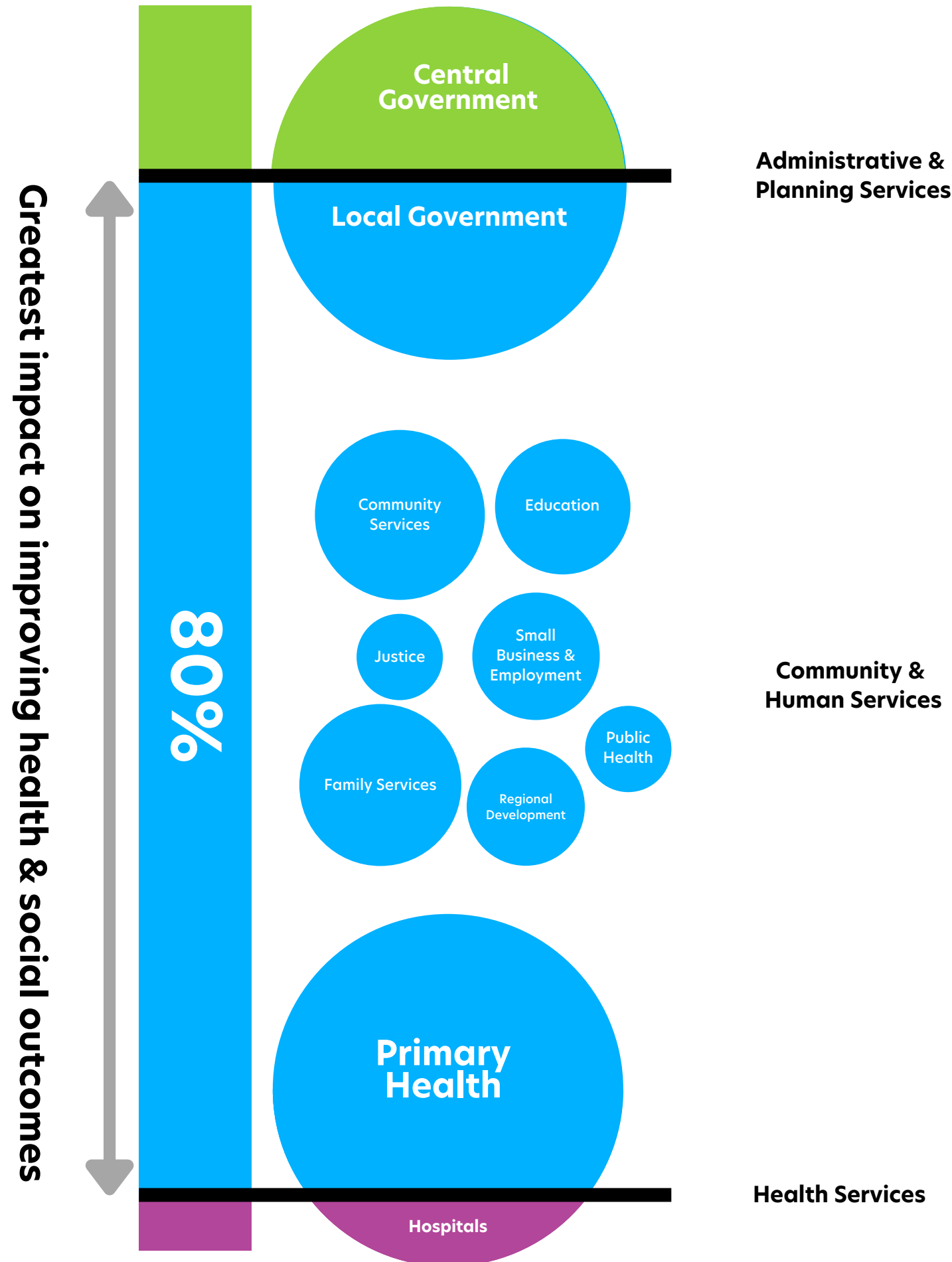
A person-centred health system is built around the whole person (not just people who are sick or injured). Services and supports are designed to help all people achieve a 'state of complete physical, mental and social well-being' throughout their lives. A person-centred health system is characterised by:

- a person-first approach that focuses on both the individual and community in which they live (geographic, cultural, socioeconomic etc).
- empowerment of people to define, and take charge of, their own well-being with freely available resources and support to make this happen.
- health, human and community services that are integrated and co-located to make it easy for people to access the support they need and optimises opportunities for utilisation.
- a multidisciplinary approach to service delivery where all skills and expertise are equally valued and which enables teams to work holistically with individuals and communities to empower them to take care of their health, advocate for resources they need to address the social determinants of health, and ensure fair access to services.
- a genuine partnership between individuals, communities and civil society focused on building and maintaining an environment that is conducive to the achievement of good health and fair access to care services.
- seamless and coordinated interaction between human, primary health and hospital services with the person at the centre of the experience.



Reimagine

- Redefine who is a health worker to incorporate all the functions required to build healthy communities and support individual well-being (e.g. teachers, social workers, counsellors, builders, planners, police etc).
- The health workforce debate focusses too much on the division of responsibilities between those within the traditional sector, and not enough on how to better deploy the wider workforce.
- Integrate into graduate competencies a requirement for health skills needed to work in the future workforce including the skills to work in multidisciplinary teams.

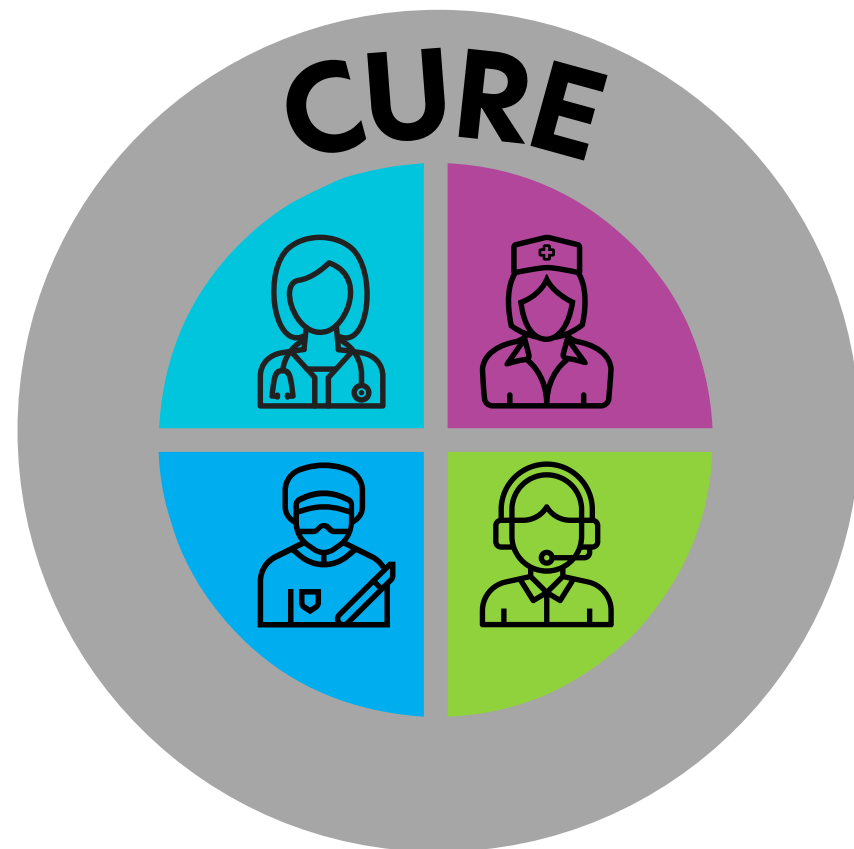


Restructure

- Integrate Human Services, Community Services, Public Health and Primary Health at the Local Level in rural and remote areas.
- Redefine responsibility for health to encompass all parts of civil society - Health in all Policies
- Create a positive framework for objectively recognising capabilities & skills to maximise workforce utilisation
- Move on from trialling coordination models (Link Workers; Care Coordinators; Nurse Navigators etc) to implementing integrated models (ACCHO, cohealth, HCFA) with mixed funding models (RARCCHOs).

Reform

- Create role of GP Community & Clinical Leader for primary health care service teams, and fund this role appropriately.
- Expand Medicare items for all primary health practitioners that work within a GP-Led Clinical Team.
- Fund GP Clinical Educators based in practices.
- Create a generalist specific education and training pathway including reallocation of medical student places to universities based on track record of producing generalists for areas they are needed.
- Build a streamlined pathway to accelerate entry to practice for IMGs
- Broaden use of virtual supervision in rural and remote locations with appropriate local support.
- Address practice and accommodation infrastructure in rural areas.
- Prohibit restrictive trade practices that inhibit system integration.
- Update codes of conduct to better manage and prevent conflicts between commercial and clinical decision making.
- Educate consumers on conflicts to increase surveillance and compliance.
- Ban political donations from health or health related organisations and individuals at a State or Federal level.
- Give communities a significantly larger role in leading place based health system design and performance monitoring.





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Thanks